

APR 23 2004

OFFICIAL

01263.000805

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Tony Gerard ROSE) Examiner: M. Filipczyk
Application No.: 09/523,313) Group Art Unit: 2171
Filed: March 10, 2000)
For: DATA DISPLAY APPARATUS AND) April 23, 2004
DATA DISPLAY METHOD)

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to further examination of the above-identified application for which a
Request For Continued Examination has been filed, please amend the application as
follows:

Certificate of Transmission

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facsimile transmitted to the Patent and Trademark
Office:

on April 23, 2004 [Signature]
Date Signature

MICHAEL K. O'NEIL
Name of person signing certificate

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APR 23 2004

OFFICIAL

In re Application of:

Docket No.: 01263.000805

Tony Gerard ROSE

Application No.: 09/523,313

Examiner: M. Filipczyk

Filed: March 10, 2000

Group Art Unit: 2171

For: DATA DISPLAY APPARATUS AND
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Date: April 23, 2004

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	286	MINUS	286	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	19	MINUS	19	= 0	x \$40 \$84	\$ 0
Fee for Multiple Dependent claims \$140*/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

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- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 30622

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Page 2 of 2